

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/26/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155362</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>10/20/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVING CENTER-MERRILLVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8800 VIRGINIA PL</b> <b>MERRILLVILLE, IN 46410</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	<p>INITIAL COMMENTS</p> <p>The visit was for the Post Survey revisit (PSR to the Investigation of Complaint IN00181676 and IN00181862 completed on September 16, 2015 which cited unrelated deficiencies.</p> <p>This visit was in conjunction with the PSR to the PSR completed on September 16, 2015, to the Investigation of Complaint IN00180090 completed on August 18, 2015 in which cited unrelated deficiencies.</p> <p>Complaint IN00181676 - Corrected Complaint IN00181862 - Corrected</p> <p>Survey date: October 19, 2015</p> <p>Facility number: 000253 Provider number: 155362 AIM number: 100266660</p> <p>Census bed type: SNF/NF: 138 Total: 138</p> <p>Census payor type: Medicare: 15 Medicaid: 93 Other: 30 Total: 138</p> <p>Sample: 3</p> <p>Golden Living Center Fountain View Place-Merrillville was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaints IN00181676 and IN00181862.</p>	{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1  Quality review completed by 26143, on October 23, 2015.	{F 000}			